

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/615466

FILING DATE

APPLICANT(S)

3/23/05

10/615466

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51							
2		/		/			52							
3		/		/			53							
4		/		/			54							
5		/		/			55							
6		/		/			56							
7		/		/			57							
8		/		/			58							
9		/		/			59							
10		/		/			60							
11	/		/				61							
12		/		/			62							
13		/		/			63							
14		/		/			64							
15		/		/			65							
16		/		/			66							
17		/		/			67							
18		/		/			68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
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37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		2				TOTAL IND.							
TOTAL DEP.	16		16				TOTAL DEP.							
TOTAL CLAIMS	18		18				TOTAL CLAIMS							